REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 4/3/65 2 Serial/Patent # 10/522214						
3 Please refund the following fee(s):		4 PAF	PER MBER	5 DATE FILED	6 AMOUNT	
	Filing				\$	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
V	other Search de adjustment				\$ 1070	
		7 TOTAL AMOUNT OF REFUND			\$ 100	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
)	Overpayment	Credit Deposit A/C #:				
	Duplicate Payment		· 06-1050			
	No Fee Due (Explanation):					
·						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: SAYA LENIS-BALTIMORE TITLE: POLICY						
SIGNATURE: PHONE: (703), 308-0941						
office: 00 EO 202						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPI	APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B